

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
FOR USE WITH FORM PTO-875

SERIAL NO. 09/915460

FILED DATE 6/20/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			4			
10			5			
11			5			
12			5			
13			3			
14			3			
15			4			
16			8			
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21			4			
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TOTAL IND.			8			
TOTAL DEP.			60			
TOTAL CLAIMS			68			

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